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The careful stone-turner: Thinking about ethical tensions arising in an autoethnography of childhood emotional neglect

Angela Blanchard

E-mail: a.m.blanchard@keele.ac.uk

PhD candidate, Psychology, Keele University

Lead supervisor: Dr M A Robson

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Abstract

Autoethnographic research combines elements of autobiography and ethnography, and examines a phenomenon or experience in its social and historical contexts. My research aim is to increase understanding of childhood emotional neglect using autoethnography to bridge the gap between an objective, third person account and subjective, autobiographical account. This methodology fits better with some approaches to psychology than others. Privileging the subjective experience of the individual, autoethnography is not a methodology for those with a positivist or experimental leaning; however, it is a good fit for those who see the world through a more constructivist, social psychology lens. This article explores three ethical considerations: tensions between the requirements of the ethical review panel and the chosen methodology; the question of additional members of the same family taking part; and the duty of researcher self-care in sensitive research.

The careful stone-turner: Thinking about ethical tensions arising in an autoethnography of childhood emotional neglect

In this article, I consider some ethical issues that are relevant to any research involving participants, and explore three specific ethical tensions that I have encountered in writing an autoethnographic study of childhood emotional neglect. As I struggled with the process of gaining ethical approval at the start of my PhD, I wrote this reflection:

I want to see what's under the stone, expose an untold story to the light; but I need to lift the stone with great care, and be aware that those under the stone may not want to be exposed. Afterwards, I must lower the stone back down again with great care, and face the risk that what I find under the stone may never be the same again.

Autoethnography is a relatively new method that takes many different forms. Some researchers interpret the method as a self-study; indeed, some may choose the method in the (mistaken) belief that if they are only writing about themselves, they do not need to apply for ethical approval (Tullis, 2013), yet even when we focus solely on our own stories, at the very least we implicate the significant others in our lives (Ellis, 2009). Equally, however, autoethnography is seen as a development of 'native anthropology' (Reed-Danahay, 1997, p.2), or a form of ethnography where the researcher is also a member of the group being studied (Denzin, 2013). It is this latter definition that I have chosen, seeing those who have experienced childhood emotional neglect as an identifiable group like cancer patients or survivors of rape, and involving participants as 'informants'. Privileging the subjective experience of the individual(s), autoethnography is not a methodology for those with a positivist or experimental leaning; however, it is a good fit for those who see the world through a more constructivist, social psychology lens. In my autoethnography I aim to create an evocative representation of childhood emotional neglect by drawing on literary and creative writing

styles (Ellis, 2004), and examining the experience in its social and historical contexts, using my subjective experience consciously to interrogate the phenomenon.

Childhood emotional neglect can be described as a 'damaging relationship' between parent and child (Glaser, 2000; Howe, 2005; Wright, *et al.*, 2009), and as occurring on a continuum from neglect to abuse (Howe, 2005; Music, 2009). High street book shops display plenty of first person, narrative accounts of wretched childhoods, referred to in the publishing industry as the 'misery lit genre' (Muncey, 2010, p.48), but psychological literature largely describes the experience of research subjects from the point of view of the researcher or the expert practitioner using quantitative methods, establishing the prevalence and geographical distribution of the phenomenon, or exploring relationships between childhood emotional neglect and other forms of child maltreatment and adult outcomes. The literature review has revealed that whilst the psychological effects of trauma resulting from childhood physical neglect or abuse and childhood sexual abuse are well-documented (Mullen, *et al.*, 1996; Howe, 2005), childhood emotional neglect and abuse continue to be less visible, less clearly defined and less widely researched (Mullen, *et al*., 1996; Wright, *et al*., 2009; Music, 2009). My study aims to bridge the gap between a subjective, purely autobiographical account, and an objective, third person account, by adding the participants' own voices to a rigorous study (Faulkner, 2012). Story-telling alone may move hearts, but policy-makers need evidence, too. I hope that by eliciting a visceral response in the reader, and supporting this with findings from the literature, I may provoke action; even if that action is only further research.

I started data collection with a bracketing interview in which I started to tell my own story (one aspect of the 'auto' part of autoethnography), as well as examining my bias (Rolls & Relf, 2006). To date I have recorded two more bracketing interviews, 11 individual unstructured interviews with participants, and one focus group. Participants are all individuals who have identified themselves as having experienced childhood emotional neglect and have volunteered to take part in this study, in

most cases after hearing me talk about my research. I have completed a thematic analysis (Braun & Clarke, 2006) on two of the three rounds of data collected so far, and further analysis is taking the form of short pieces of creative, reflexive writing.

In any research involving human participants there are general ethical considerations to take into account, and in research that involves sensitive subject matter or the personal experiences of the researcher there are additional concerns. Harper and Thompson explore the history of ethical research practice and general issues in their overview of qualitative methods in mental health research, suggesting that the influence of biomedical research may lead to an over-protective 'ethics creep' into psychological research (2012, p.26). At the same time, the authors caution against a rigid approach, which may lead to researchers seeing acquiring ethical approval for a project as a tick-box exercise rather than 'engaging with ethics in an ongoing, reflexive fashion' (citing Small 2001; Harper & Thompson, 2012, p.26).

The British Psychological Society (BPS) guidelines for ethical research suggest four principles to guide the researcher (BPS, 2014, p.7):

- Respect for the autonomy, privacy and dignity of individuals and communities.
- Scientific integrity.
- Social responsibility.
- Maximising benefit and minimising harm.

The British Association for Counselling and Psychotherapy (BACP) similarly suggests guiding principles for ethical research, including an 'ethical orientation' that is in line with the ethical framework for counselling and psychotherapy practice, assessing risk and being fully accountable for any potential harm, research integrity and research governance, and relationships with research participants (Bond, 2004, p.14).

Both organisations recognise the potential for unequal relationships between researcher and researched, and the importance of considering this when obtaining informed consent, both before data collection and as part of the ongoing research process (Bond, 2004, p.4; BPS, 2014, p.20, p.32).

In addition, I found there were a number of ethical tensions specific to my study of childhood emotional neglect; I explore three of these here. The first of these arose during the first few months as I went through the process of applying for ethical approval; the second arose once I had started data collection, and the third is ongoing.

Ethical tension 1: Providing a topic schedule

To me, there seemed to be a tension between the requirements of the ethical review panel (ERP) and my chosen methodology. Inviting participants to recall distressing childhood events is an area of sensitive research, so the potential for harm to participants is undeniable (Banister, *et al.*, 2011). Understandably, then, the ERP recommended (though did not insist) that I provide a topic schedule to forewarn participants what topics we might discuss, so that they could be prepared for the level of distress that the interview might provoke and make an informed choice about participating (Bond, 2004).

The tension that arose for me was that my choice of an autoethnographical approach meant that I did not plan to do an extensive search of the literature before data collection (Etherington, 2004), so in theory, I would not know what topics were likely to arise. Furthermore, telling my participants in advance what I expected them to talk about could prejudice the data. Given the potential power imbalance between the researcher and the researched, they might feel under pressure to give me examples of those particular aspects of their experience, rather than talking about what was most important to them; I might be effectively putting words into their mouths. Having preconceived

ideas about what topics would come up seemed to compromise the methodology's requirement to be open to new data and individual stories (Grant, Short & Turner 2013).

Harper and Thompson suggest that there is 'always potential for any interaction to lead to harm' (2012, p.30), but point out that participants do not always experience becoming distressed during an interview as 'harmful'. Indeed, McLeod (2001) suggests that being interviewed can have a positive impact, with participants sharing feelings and experiences with a researcher that they have not felt able to share with their therapist. Others have found that 'participants showed no aversion to discussing painful issues provided they felt the study was worthwhile' (Graham, *et al.*, 2007, cited in Harper & Thompson, 2012, p.30). What is more, the BPS guidelines acknowledge that life itself is risky, requiring only that participants 'should not be exposed to risks greater than or additional to those to which they are exposed in their normal lifestyles' (BPS, 2014, p.11). I would suggest that adults who have experienced emotional neglect in childhood will have lived with a level of distress all their lives, and would therefore experience only a minimal increase in distress while spending time talking about the experience in an interview.

Rather than focusing on a narrowly defined avoidance of 'harm', I strive to behave with 'respect for the autonomy, privacy and dignity' of research participants at all times (BPS, 2014). This is important not just before and during data collection but also in disseminating the research (Bond, 2004; BPS, 2014; McLeod, 2001). An important aspect of this is seeing consent as an ongoing process (BPS, 2014; McLeod, 2001) and developing a collaborative relationship with participants so that we can discuss who and what will be represented in the final thesis, and how, in order that 'mutually agreed and morally satisfactory decisions' can be made, (Etherington, 2004, p.82).

However, I felt that I could not move forward with the research at all until I had gained ethical approval, so I provided a topic schedule along with the participant information sheet and sat with the uncomfortable feeling that my research was somewhat compromised by this.

Now, with more confidence as a researcher, I might hold my ground, and explain more fully that in an unstructured interview the participant is in more control of the topics being discussed than, for example, in a structured interview with a schedule of questions. As it was, I explained to participants in a pre-interview conversation that whilst I had included the topic schedule in the information I sent them, I did not want them to feel that they must cover all those topics (some did briefly express a concern that they weren't sure all these applied to them), and neither did I want them to feel limited by the schedule. I started each interview with an invitation to tell me "Your own story, in your own words". Once the interview was underway, I don't think the participants had the topic schedule in awareness; only once, Alan*, one of the older participants, who had told me that he had pushed many of his childhood memories out of his mind, asked if I had the schedule with me so that he could use it to prompt his memory.

Ethical tensions 2: Snowballing of participants and potential for harm

Snowball sampling is recognised as an effective recruitment strategy for 'hidden populations' (Noy, 2008, p.330), 'hard to reach' groups or 'sensitive' topics (Browne, 2005, p.48). Anticipating that individuals who had experienced emotional neglect in childhood might, precisely because of that experience, be unlikely to volunteer for a research project, I had snowballing in mind from the start as a sampling method to employ 'instrumentally'. In other words, this was a conscious choice, rather than a 'fall back alternative' if I could not find participants any other way (Noy, p.331). Early on in the project, a participant informed me, a short time after I had interviewed her, that two further family members wanted to take part in the study. I was excited by the potential of this; not only the possibility of two more participants at this early stage in data collection, but also, given the

intergenerational aspects of childhood emotional neglect, the prospect of interviewing individuals from two generations in the same family. My supervisors, however, urged me to be cautious. They pointed to the potential for harm: at the very least, the anonymity of all three participants could be compromised. The original participant stated that this would not be a concern for her, and that she felt they would all benefit from taking part. McLeod (2001) cautions that sometimes participants freely give their consent only to feel quite differently when they see their stories in the public domain; on the other hand, 'people have the right to let their voices be heard' (Corbin & Strauss, 2008, p.29) and the BPS guidelines appear to support this (BPS, 2014, p.9).

Whilst we deliberated this issue over a series of face-to-face conversations and e-mail exchanges, I had an opportunity to take part in a workshop on the ethics of fieldwork with two visiting lecturers. When I presented the snowballing dilemma, the visiting lecturers shook their wise old heads and warned of the potential for harm. Yes, I acknowledged, I could see the potential for harm, but should that not be weighed against the potential for good (Sparkes, 2013, p.207; Turner, 2013, p.213)? I felt I was shot down for suggesting that I might consciously strive to bring about a positive change through my research. Yet this principle is not only central to autoethnography, it is also enshrined in the BPS guidelines, which state that: 'The aim of generating psychological knowledge should be to support beneficial outcomes….broadly defined as those that not only support and reflect respect for the dignity and integrity of persons (both individually and collectively) but also contribute to the "common good"' (BPS, 2014, p.11).

In the end, I bowed to the combined wisdom of my supervisors and the visiting academics, and declined the additional family members. As it turned out, new participants continued to volunteer over the next few months, and I have not needed to use snowballing as a recruitment strategy.

Ethical tensions 3: Self-care

Such sensitive and personal research carries a potential risk of harm to self as well as others (Etherington, 2004). One of the strengths of autoethnography's story-telling approach is that the human brain is hard-wired to respond better to a story than to facts and figures. This is thought to have given us an evolutionary advantage, in that we could vicariously experience danger and learn from it through the story, without being exposed to the physical hazard. One aspect of this, however, is that we appear to have the same response to the *story* of the event as we would have to the actual event (Kottler, 2015). If this is the case, then it follows that each time I revisit my own story, or spend time listening to, transcribing or analysing a participant's story, I risk exposing myself to the same psychological harm as if I were reliving those experiences myself. Counsellors and psychotherapists are aware of the danger of 'vicarious traumatization' (Etherington, 2009); it seems likely that this is relevant in my research, too. The ethical requirement to cause no harm applies to me as researcher, as well as to any potential participants (Bond, 2004).

Attending to self-care has therefore been an important aspect of my study. I am fortunate that my lead academic supervisor is also an experienced counsellor, so she has helped me to keep a watchful eye on my psychological wellbeing as well as my academic progress. I believe it has also helped me that I have developed the habit of reflective practice over many years of using counselling skills in a professional role, as well as more recently qualifying as a therapeutic counsellor. The BACP's *Ethical Framework for Good Practice in Counselling and Psychotherapy* (2010) and the revised edition, *Ethical Framework for the Counselling Professions* (BACP, 2015), list the 'personal moral qualities' which members are expected to develop. These include 'resilience', defined as 'the capacity to work with the client's concerns without being personally diminished' (BACP, 2015. p.3). I believe that I have built up a degree of resilience through exposure to both my own distress in personal development work, and the distress of others in counselling practice; I also have experience in my previous role of reaching burn-out and becoming depressed because I did not recognise and attend to my own needs.

Informed by this, I have learnt to put measures in place to ensure self-care. For example, in addition to regular academic supervision I also have 1.5 hours of clinical supervision each month, and whilst this is primarily for my counselling practice, it also provides another space where I can talk about what is current for me – including feelings that have arisen in connection with the research – and feel that I am heard. The three bracketing interviews have also provided a place to explore emotions arising from the research, as well as an opportunity to examine bias, assumptions and preconceptions (Rolls & Relf, 2006, p.291). I also recognise the importance of time spent away from research and other work, and have a regular schedule of sport and leisure activities to look after mind and body.

Despite all these measures, sometimes the research takes its toll, and I have to remind myself of the need for another of the personal moral qualities required by BACP; namely, 'humility', defined as 'the ability to assess accurately and acknowledge one's own strengths and weaknesses' (BACP, 2015, p.3). I'm writing this in the week before the holiday period and I have acknowledged that both in my counselling practice and in my research project, I feel like my battery is flat, and I need to take a complete break.

Coming back to my opening image of the careful stone-turner, such reflexive research has the potential for both great healing and great harm. Rogers referred to learning as 'painful reorganisations' (Kirschenbaum & Henderson, 1990, p.27) and my autoethnographic journey *is* sometimes painful, as well as positive. On balance, however, the participant feedback on the research process so far has been overwhelmingly enthusiastic and encouraging. For example, in an e-mail a month after her interview, one of the participants wrote:

"After the interview and later when I read the transcript it really felt enlightening and I felt a sense of pieces fitting into place into the puzzle that is me" (Heather, e-mail, 12/01/15).

Another, who explained that he was finding reading the transcript of his interview very hard, nevertheless told me:

"The process of opening up to you helps me as well…I have discussed with my partner about your project and realised that with your work I can transform my negative experience in something positive, and this is very important to me" (Mickey, e-mail, January 2016).

Another participant suggested that it would be good idea if I were to make this a longitudinal study, and invited me to contact him again in five years' time, so see how he had progressed since taking part in the study. This participant in particular emphasised the fact that my willingness to disclose some of my own story had been an important factor for him:

"I had a story to tell but I wouldn't have done this unless I felt myself close to you…because you said your project is auto-ethnography. I thought you could understand me" (Muhammed, e-mail, November 2016).

For me, too, on a personal level, the benefits of lifting the stone have far outweighed the pain of exposure to the light. Using this rigorous approach to examining my story, examining my own experience of (what I perceive as) childhood emotional neglect in the light of others' experiences of childhood emotional neglect *and* in the light of the published literature, has been challenging and rewarding in equal measures. Autoethnography is a rich method, though as Grant, Short and Turner (2013) caution, 'not for the faint hearted'. There are undoubtedly ethical challenges, but when we

embrace these reflexively there can be opportunities for considerable personal learning and development, as well as powerful and meaningful research.

* All names of participants have been changed.

(3,296 words excluding references)

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